

Leading the Field

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FIGHTING THE WAR ON PAIN AND PRESCRIPTION DRUG ABUSE

The patient, an older man with prostate cancer, was in such pain that he could barely move. The culprit likely was a nicked nerve sustained during a recent surgery to remove his prostate.

“Pain in that delicate area takes up a lot of brain cortex and unfortunately really grabs your attention,” commented UC Davis pain medicine expert Scott Fishman.

The patient had been referred to Fishman by his oncologist. It didn’t take the doctor long to find something remarkable.

“If he took two Vicodin tablets per day his pain would be well controlled,” Fishman recalled. But a problem arose.

“He believed that if he started taking Vicodin he would become addicted,” Fishman explained.

After thorough evaluation of the patient’s risks, Dr. Fishman told him that as long as the opiate-based drug was used in moderation, it was safe. He also told him that the amount needed to treat his pain was relatively very low and his risk of problems with it also was very low. The man tried regular use of the drug, and his agony disappeared.

This case history casts light on what Fishman said are two competing public health crises: undertreated pain and prescription drug abuse.

Fishman, chief of the Division of Pain Medicine and a professor of anesthesiology and pain medicine, is the author of *Responsible Opioid Prescribing: A Physician’s Guide*. The book offers physicians essential strat-

egies for reducing the risk of addiction, abuse and diversion of opioids that are commonly prescribed for their patients in pain.

An advocate for the field of pain medicine with consumers and lawmakers, Fishman also is a consultant to numerous government agencies and organizations, including the Federation of State Medical Boards, the Drug Enforcement Agency (DEA), the Department of Health and Human Services, state medical boards and other regulatory agencies.



Dr. Scott Fishman

The Division of Pain Medicine has also been a “major partner” in helping the U.S. Food and Drug Administration develop its Opioids Risk Evaluation and Mitigation Strategy (REMS). The new program requires manufacturers of opioid medications to produce educational information for prescribers as well as materials prescribers could use when counseling patients about the risks and benefits of opioid use.

Dr. Fishman is currently working with Congress and the White House Drug Czar’s office in conjunction with the Obama administration’s pursuit of legislation that would re-educate all physicians in the United States about responsible and safe use of OxyContin and other powerful, opioid-based painkillers.

Fishman has developed models to help physicians identify patients who are at risk of becoming addicted to pain medications. Additionally, a study he conducted with Dr. Barth Wilsey, a UC Davis clinical professor of anesthesiology, identified “substantial multiple-provider episodes” – in other words, doctor shopping – among prescription drug abusers in California.

The study supported the need for the Controlled Substance Utilization Review and Evaluation System (CURES), the Web-based prescription drug database that contains more than 50 million entries for controlled substances that have been dispensed in California.

Physicians also need to be vigilant in assessing a patient’s risk of abuse or addiction to painkillers, and must be aware of the patient’s medical history and any signs of problems. If the patient appears to be at risk of abuse or addiction, opiate-based painkillers might not be advisable.

“The bottom line,” Fishman went on, “is that pain robs people of the quality of life. Pain relief always should be coupled with improving quality of life.”

UNDERSTANDING THE SOURCE OF PAIN HELPED LEAD TO EFFECTIVE TREATMENT FOR LIFELONG PAIN SUFFERER

At 91, farmer Irving Gum isn't showing any signs of wanting to retire. The 100-acre farm on which he lives in Fair Oaks, a rural suburb of Sacramento, produces corn, strawberries and hay. And his pumpkin patch, called U-Pick Pumpkins, is a popular autumn destination.

Helping him along – greatly – is UC Davis pain medicine expert Scott Fishman. Gum, who has suffered from lower back pain since he was a young man, has seen a lot of doctors. But until he started seeing Dr. Fishman, relief eluded him.

"I've been to every doctor on the West Coast," Gum said. "Dr. Fishman is the only one who can do me any good."

Fishman said Gum's condition is unusual. "It's not a traditional disk problem," Fishman explained. "It's arthritis in the very small joints in the back."

Known as facet joints, they are a bit like little knee

joints: "They prevent you from leaning backward as far as you can lean forward," Fishman explained, adding that they often are overlooked as the cause of back pain.

"We recognized the problem," Fishman said. "At the pain center, we're committed to understanding the pain. Unfortunately, lots of doctors don't do that."

Fishman alleviated Gum's pain by means of a high-tech procedure known as radio-frequency ablation to block the pain signals emanating from the nerves in his lower back. Taking the tiny tip of a needle, Fishman uses radio-frequency heat to first find the nerves and then deaden them. "We get on top of the nerve and melt it," he explained.

Several treatments were required to resolve Gum's condition. His 90-year-old wife, Claudia, observed improvement after each session.

"Dr. Fishman has given Irving relief every time he treats him," she said.

SPINAL CORD STIMULATION EXPERT PAUL KREIS DRAWS UPON OWN EXPERIENCE WITH PAIN

Paul Kreis, professor of anesthesiology and pain medicine at the UC Davis Medical Center, likes challenges. That's why he's in pain medicine.

"Pain is very complex," explained Kreis, who also is medical director of the Division of Pain Medicine. "There are different types of pain, different pain generators that produce totally different responses in patients."

Because patients can respond differently to the same injury, flexibility in treatment is essential.

"Effectively managing pain requires a truly interdisciplinary approach involving surgical remedies, administration of medications and psychological supports, Kreis said. An ongoing support system to encourage long-term lifestyle changes also is important.

Kreis, 57, recently wrote a textbook on spinal cord stimulation, a pain-relieving technique in which a medical device that emits electronic pulses is implanted next to the spinal cord. He's also an expert in the brain chemistry of addiction to painkillers – another wrinkle in the complexity of pain medicine.

"A small percentage of individuals have the genetic substrate to become addicted," said Kreis, who is board-certified in addiction medicine and has lectured extensively to groups, including the California Society of Addiction Medicine.

While Kreis said opiate-based medications such as morphine "are appropriate as one of the tools in the armory of pain specialists," he emphasized caution. "Potentially addictive medicines should be dispensed in as safe and rational a manner as possible."



Dr. Paul Kreis

continued at right

PAUL KREIS AND SCOTT FISHMAN PUBLISH BOOK DESCRIBING SPINAL CORD STIMULATION PROCEDURE

Shortly after becoming board certified in pain medicine in the 1990s, Paul Kreis underwent training on how to implant spinal cord stimulators.

Because few instructional textbooks about the technique existed in those days, Kreis had to rely on mentors to teach him the tricky procedure.

“The instruction that was available was mostly word of mouth,” Kreis recalled.

A decade or so later educational materials remained scarce. With the assistance of co-author Scott Fishman, chief of the Division of Pain Medicine at UC Davis, Kreis wrote the kind of book he had sought during his training.

“It’s a user’s manual,” Kreis said of the 2009 book, published by Oxford University Press and titled *Spinal Cord Stimulation: Percutaneous Implantation Techniques*. “I don’t claim that it’s a stand-alone guide, but it is a resource to facilitate other training.”

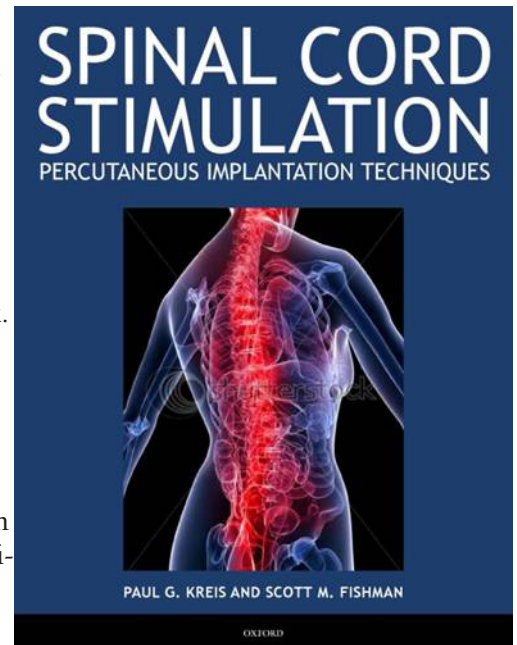
Kreis said it also could serve as a reference for seasoned surgeons looking to sharpen their skills.

The book, on which he worked for two years, is available as an iPhone application, and now is being translated into Chinese. Kreis will speak about the book and spinal cord stimulation in China this fall, at an international meeting on chronic pain.

Kreis said that the surgical procedure – in which a small, rechargeable generator placed under the skin

alongside the spine blocks pain signals – is not for everyone. Some patients find the tingling sensation that replaces the pain unpleasant. For many pain sufferers with certain types of nerve damage, though, spinal cord stimulation can bring significant relief.

“The vast majority [of patients who undergo the procedure] will see their pain reduced by 75 percent,” Kreis said. “I’ve had several patients get miraculous relief, going from being wheelchair-bound to being able to walk around.”



Kreis continued...

Kreis, formerly an anesthesiologist at Methodist Hospital of Sacramento, joined the UC Davis faculty full-time in 2000 – two years after finishing a pain medicine fellowship. Pain medicine enabled him to establish long-term relationships with patients.

“With anesthesia, you generally see the patient once. But with pain medicine you work with patients longitudinally” – meaning over an extended period of time. “It’s like family practice,” he observed.

Scott Fishman, chief of the Division of Pain Medicine at the medical center, said that few anesthesiologists also have expertise in surgical intervention and addiction, as Kreis does.

In treating back pain, Kreis draws upon not only his

medical training, but also on his own experience.

“I have nerve root damage as a result of a back injury,” Kreis confided. His injury resulted in a herniated disc. “Fortunately, I attained significant improvement from surgery.”

When Kreis isn’t working at the medical center, he’s likely spending time with his wife and two college-age daughters – or playing drums with a Sacramento-area band called the Crows. “I’m an avid musician. I’ve been playing drums all my life,” Kreis said.

Avid is a good description of Kreis as a medical practitioner. He’s committed to pain medicine practice. “It’s a new field that’s still in the process of being developed,” Kreis said. “It’s a frontier.”

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OPIOIDS MUST BE PRESCRIBED AND USED WITH CAUTION

In a slide presentation at the Surgeon General's Expert Panel on Prescription Drug Abuse in Youth, held in late March in Washington, D.C., UC Davis pain medicine expert Scott Fishman outlined the scope of the prescription drug abuse problem and proposed solutions.

As evidence for what he called "an alarming trend," Fishman said some 37,000 people in the United States died of opioid poisoning in 2006, nearly double the number who died in that manner just seven years earlier, in 1999.

In 1999 opioids were involved in 20 percent of all poisoning deaths. By 2006, it was 40 percent. In that year, unintentional drug overdose deaths involving opioids exceeded overdose deaths from heroin, cocaine and other addictive drugs, Fishman said. Unintended overdose death related to opioids is now the second-leading cause of accidental death, following only motor vehicle accidents, in the U.S. Fishman pointed to another troubling development: Teens have a false sense of security about the safety of abusing prescription medications. One study that Fishman cited documented that 19 percent of teenagers report taking prescription medications to get high; and 40 percent believe that such medications are much safer to use than illegal drugs.

Despite their hazards, Fishman told his audience that opioids can be used with effectiveness and safety – though he stressed that these drugs are certainly not for everyone. He said some patients find them either ineffective or problematic.

Fishman recommended caution in prescribing opioids to patients who are elderly, or have chronic obstructive pulmonary disease, congestive heart failure or sleep apnea, or who have kidney or liver dysfunction. Caution should also be taken when using opioids in combination with other types of drugs, particularly sedative-hypnotics, benzodiazepines and barbiturates.



Dr. Fishman with U.S. Surgeon General Regina M. Benjamin, M.D., MBA.